

07/13/01

132 U.S. PTO

Please type a plus sign (+) inside this box → ⊕

PTO/SB/05 (03-01)  
Approved for use through 10/31/2002 OMB 0651-0032  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

|                        |                                                  |
|------------------------|--------------------------------------------------|
| Attorney Docket No.    | FUT-01                                           |
| First Inventor         | Perge                                            |
| Title                  | System and Method for matching Business Partners |
| Express Mail Label No. | EJ824 856 050 US                                 |

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages **36**]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets **5**]
5. Oath or Declaration [Total Pages **32**]
  - a. ☒ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for continuation/divisional with Box 18 completed)
  - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

**ADDRESS TO:** Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statements verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☒ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other: .....

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

|                                       |                                     |                                                     |                                |
|---------------------------------------|-------------------------------------|-----------------------------------------------------|--------------------------------|
| <input type="checkbox"/> Continuation | <input type="checkbox"/> Divisional | <input type="checkbox"/> Continuation-in-part (CIP) | of prior application No. _____ |
| Prior application information.        |                                     |                                                     | Examiner _____                 |
|                                       |                                     |                                                     | Group Art Unit. _____          |

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

|                                                            |                                                     |                                                                     |
|------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Customer Number or Bar Code Label | (Insert Customer No. or Attach bar code label here) | or <input checked="" type="checkbox"/> Correspondence address below |
|------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------|

|         |                      |           |                 |          |       |
|---------|----------------------|-----------|-----------------|----------|-------|
| Name    | William J. Kolegraff |           |                 |          |       |
| Address | 3119 Turnberry Way   |           |                 |          |       |
| City    | Jamul                | State     | CA              | Zip Code | 91935 |
| Country | US                   | Telephone | 619 / 401 -8008 | Fax      |       |

|                   |                      |                                   |               |
|-------------------|----------------------|-----------------------------------|---------------|
| Name (Print/Type) | William J. Kolegraff | Registration No. (Attorney/Agent) | 41,125        |
| Signature         | Date                 |                                   | July 13, 2001 |

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

07/13/01 132 U.S. PTO

07-16-01

A

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

for a patent application entitled

SYSTEM AND METHOD FOR MATCHING BUSINESS PARTNERS

EJ 824 856 050 US  
"Express Mail" Label number

July 13, 2001  
Date of Deposit

I hereby certify that the below listed correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee service on the date indicated above and is address to:

Box PATENT APPLICATION  
Commissioner for Patents  
Washington, D.C. 20231

Correspondence in deposit:

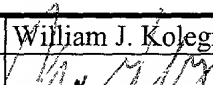
- 36 pages of Specification, including 21 claims
- 5 pages of Drawings including Figs. 1 - 5
- Utility Patent Transmittal (1 pg.)
- Signed Declaration. for Utility Patent Application (2 pgs.) - (3 pgs.)
- Fee Transmittal and duplicate (2 pgs.)
- Credit Card Payment Form (1 pg.)
- Power of Attorney, (2 pgs.)
- Return pre-paid postcard
- Certificate of Express Mailing

[Signature]  
Signature of person mailing correspondence

William T. Kolesoff  
Typed or printed name of person mailing correspondence

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| <b>FEE TRANSMITTAL</b><br><b>for FY 2001</b><br><br><i>Patent fees are subject to annual revision</i> |  | <b>Complete if Known</b> |               |
|                                                                                                       |  | Application Number       |               |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$ ) \$364                                                            |  | Filing Date              | July 13, 2001 |
|                                                                                                       |  | First Named Inventor     | Perge         |
|                                                                                                       |  | Examiner Name            |               |
|                                                                                                       |  | Group Art Unit           |               |
|                                                                                                       |  | Attorney Docket No.      | FUT-01        |

| <b>METHOD OF PAYMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     | <b>FEE CALCULATION (continued)</b>                                         |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        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-------|---------|------------------------------------------------------------------|--|---------|---------|-----------------------------------------|--|---------|---------|-----------------------------------------------------------|--|---------------------------|--|--|--|---------------------|--|--|----------------|
| <b>1.</b> <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:<br>Deposit Account Number <input type="text"/><br>Deposit Account Name <input type="text"/><br><br><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br><input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     | <b>3. ADDITIONAL FEES</b>                                                  |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        |  |           |         |                                         |  |           |         |                                        |  |         |         |                  |  |         |         |                                        |  |         |         |                          |  |           |           |                                               |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |                                     |  |         |         |                                           |  |        |        |                                                                            |  |         |         |                                                               |  |         |         |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| <b>2.</b> <input checked="" type="checkbox"/> <b>Payment Enclosed:</b><br><input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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  |         |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| <b>FEE CALCULATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <b>1. BASIC FILING FEE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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    |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| <table border="1"><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101 710</td><td>201 355</td><td>Utility filing fee</td><td>\$ 355</td></tr><tr><td>106 320</td><td>206 160</td><td>Design filing fee</td><td></td></tr><tr><td>107 490</td><td>207 245</td><td>Plant filing fee</td><td></td></tr><tr><td>108 710</td><td>208 355</td><td>Reissue filing fee</td><td></td></tr><tr><td>114 150</td><td>214 75</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="3"><b>SUBTOTAL (1)</b></td><td><b>(\$ ) \$ 355</b></td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     | Large Entity Fee Code (\$)                                                 | Small Entity Fee Code (\$) | Fee Description | Fee Paid | 101 710 | 201 355   | Utility filing fee                  | \$ 355 | 106 320 | 206 160   | Design filing fee                                      |   | 107 490            | 207 245 | Plant filing fee                      |   | 108 710   | 208 355   | Reissue filing fee                                 |  | 114 150  | 214 75   | Provisional filing fee                                     |  | <b>SUBTOTAL (1)</b> |            |                                                     | <b>(\$ ) \$ 355</b> |         |        |                                        |  |         |         |                                         |  |         |         |                                        |  |           |         |                                         |  |           |         |                                        |  |         |         |                  |  |         |         |                                        |  |         |         |                          |  |           |           |                                               |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |                                     |  |         |         |                                           |  |        |        |                                                                            |  |         |         |                                                               |  |       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| Large Entity Fee Code (\$)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Small Entity Fee Code (\$)                                                          | Fee Description                                                            | Fee Paid                   |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        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  |         |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| 101 710                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 201 355                                                                             | Utility filing fee                                                         | \$ 355                     |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        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| 106 320                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 206 160                                                                             | Design filing fee                                                          |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        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| 107 490                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 207 245                                                                             | Plant filing fee                                                           |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        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  |         |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| 108 710                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 208 355                                                                             | Reissue filing fee                                                         |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        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| 114 150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 214 75                                                                              | Provisional filing fee                                                     |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        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| <b>SUBTOTAL (1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| <b>2. EXTRA CLAIM FEES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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    |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| <table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>21</td><td>-20** = 1</td><td>X 9</td><td>= 9</td></tr><tr><td>3</td><td>- 3** = 0</td><td>X</td><td>=</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td>=</td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     | Total Claims                                                               | Extra Claims               | Fee from below  | Fee Paid | 21      | -20** = 1 | X 9                                 | = 9    | 3       | - 3** = 0 | X                                                      | = | Multiple Dependent |         |                                       | = |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        |  |           |         |                                         |  |           |         |                                        |  |         |         |                  |  |         |         |                                        |  |         |         |                          |  |           |           |                                               |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |                                     |  |         |         |                                           |  |        |        |                                                                            |  |         |         |                                                               |  |         |         |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| Total Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| <table border="1"><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>103 18</td><td>203 9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>102 80</td><td>202 40</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>104 270</td><td>204 135</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>109 80</td><td>209 40</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>110 18</td><td>210 9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="3"><b>SUBTOTAL (2)</b></td><td><b>(\$ ) 9</b></td></tr></tbody></table>                                                                                                                                                                                                                                                                          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|  |           |         |                                         |  |           |         |                                        |  |         |         |                  |  |         |         |                                        |  |         |         |                          |  |           |           |                                               |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |                                     |  |         |         |                                           |  |        |        |                                                                            |  |         |         |                                                               |  |       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                                                                                       | Small Entity Fee Code (\$)                                                          | Fee Description                                                            | Fee Paid                   |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        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| 103 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 203 9                                                                               | Claims in excess of 20                                                     |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        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| 102 80                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| 104 270                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 204 135                                                                             | Multiple dependent claim, if not paid                                      |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        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| 109 80                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 209 40                                                                              | ** Reissue independent claims over original patent                         |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        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| 110 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 210 9                                                                               | ** Reissue claims in excess of 20 and over original patent                 |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        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| <b>SUBTOTAL (2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| <b>3. ADDITIONAL FEES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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    |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| <table border="1"><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>105 130</td><td>205 65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>127 50</td><td>227 25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr><tr><td>139 130</td><td>139 130</td><td>Non-English specification</td><td></td></tr><tr><td>147 2,520</td><td>147 2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr><tr><td>112 920*</td><td>112 920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>113 1,840*</td><td>113 1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>115 110</td><td>215 55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>116 390</td><td>216 195</td><td>Extension for reply within second month</td><td></td></tr><tr><td>117 890</td><td>217 445</td><td>Extension for reply within third month</td><td></td></tr><tr><td>118 1,390</td><td>218 695</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>128 1,890</td><td>228 945</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>119 310</td><td>219 155</td><td>Notice of Appeal</td><td></td></tr><tr><td>120 310</td><td>220 155</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>121 270</td><td>221 135</td><td>Request for oral hearing</td><td></td></tr><tr><td>138 1,510</td><td>138 1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>140 110</td><td>240 55</td><td>Petition to revive - unavoidable</td><td></td></tr><tr><td>141 1,240</td><td>241 620</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>142 1,240</td><td>242 620</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>143 440</td><td>243 220</td><td>Design issue fee</td><td></td></tr><tr><td>144 600</td><td>244 300</td><td>Plant issue fee</td><td></td></tr><tr><td>122 130</td><td>122 130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>123 50</td><td>123 50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr><tr><td>126 180</td><td>126 180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr><tr><td>581 40</td><td>581 40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>146 710</td><td>246 355</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr><tr><td>149 710</td><td>249 355</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr><tr><td>179 710</td><td>279 355</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td>169 900</td><td>169 900</td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="3">Other fee (specify) _____</td><td></td></tr><tr><td colspan="3"><b>SUBTOTAL (3)</b></td><td><b>(\$ ) 0</b></td></tr></tbody></table> |                                                                                     | Large Entity Fee Code (\$)                                                 | Small Entity Fee Code (\$) | Fee Description | Fee Paid | 105 130 | 205 65    | Surcharge - late filing fee or oath |        | 127 50  | 227 25    | Surcharge - late provisional filing fee or cover sheet |   | 139 130            | 139 130 | Non-English specification             |   | 147 2,520 | 147 2,520 | For filing a request for ex parte reexamination    |  | 112 920* | 112 920* | Requesting publication of SIR prior to Examiner action     |  | 113 1,840*          | 113 1,840* | Requesting publication of SIR after Examiner action |                     | 115 110 | 215 55 | Extension for reply within first month |  | 116 390 | 216 195 | Extension for reply within second month |  | 117 890 | 217 445 | Extension for reply within third month |  | 118 1,390 | 218 695 | Extension for reply within fourth month |  | 128 1,890 | 228 945 | Extension for reply within fifth month |  | 119 310 | 219 155 | Notice of Appeal |  | 120 310 | 220 155 | Filing a brief in support of an appeal |  | 121 270 | 221 135 | Request for oral hearing |  | 138 1,510 | 138 1,510 | Petition to institute a public use proceeding |  | 140 110 | 240 55 | Petition to revive - unavoidable |  | 141 1,240 | 241 620 | Petition to revive - unintentional |  | 142 1,240 | 242 620 | Utility issue fee (or reissue) |  | 143 440 | 243 220 | Design issue fee |  | 144 600 | 244 300 | Plant issue fee |  | 122 130 | 122 130 | Petitions to the Commissioner |  | 123 50 | 123 50 | Processing fee under 37 CFR 1.17(q) |  | 126 180 | 126 180 | Submission of Information Disclosure Stmt |  | 581 40 | 581 40 | Recording each patent assignment per property (times number of properties) |  | 146 710 | 246 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 710 | 249 355 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 710 | 279 355 | Request for Continued Examination (RCE) |  | 169 900 | 169 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  | <b>SUBTOTAL (3)</b> |  |  | <b>(\$ ) 0</b> |
| Large Entity Fee Code (\$)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Small Entity Fee Code (\$)                                                          | Fee Description                                                            | Fee Paid                   |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        |  |           |         |                                         |  |           |         |                                        |  |         |         |                  |  |         |         |                                        |  |         |         |                          |  |           |           |                                               |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |                                     |  |         |         |                                           |  |        |        |                                                                            |  |         |         |                                                               |  |         |         |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| 105 130                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 205 65                                                                              | Surcharge - late filing fee or oath                                        |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        |  |           |         |                                         |  |           |         |                                        |  |         |         |                  |  |         |         |                                        |  |         |         |                          |  |           |           |                                               |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |                                     |  |         |         |                                           |  |        |        |                                                                            |  |         |         |                                                               |  |         |         |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| 127 50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 227 25                                                                              | Surcharge - late provisional filing fee or cover sheet                     |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        |  |           |         |                                         |  |           |         |                                        |  |         |         |                  |  |         |         |                                        |  |         |         |                          |  |           |           |                                               |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |                                     |  |         |         |                                           |  |        |        |                                                                            |  |         |         |                                                               |  |         |         |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| 139 130                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 139 130                                                                             | Non-English specification                                                  |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        |  |           |         |                                         |  |           |         |                                        |  |         |         |                  |  |         |         |                                        |  |         |         |                          |  |           |           |                                               |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |                                     |  |         |         |                                           |  |        |        |                                                                            |  |         |         |                                                               |  |         |         |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| 147 2,520                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 147 2,520                                                                           | For filing a request for ex parte reexamination                            |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        |  |           |         |                                         |  |           |         |                                        |  |         |         |                  |  |         |         |                                        |  |         |         |                          |  |           |           |                                               |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |                                     |  |         |         |                                           |  |        |        |                                                                            |  |         |         |                                                               |  |         |         |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| 112 920*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 112 920*                                                                            | Requesting publication of SIR prior to Examiner action                     |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        |  |           |         |                                         |  |           |         |                                        |  |         |         |                  |  |         |         |                                        |  |         |         |                          |  |           |           |                                               |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |                                     |  |         |         |                                           |  |        |        |                                                                            |  |         |         |                                                               |  |         |         |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| 113 1,840*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 113 1,840*                                                                          | Requesting publication of SIR after Examiner action                        |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        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  |         |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| 115 110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 215 55                                                                              | Extension for reply within first month                                     |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        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  |         |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| 116 390                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 216 195                                                                             | Extension for reply within second month                                    |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        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  |         |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| 117 890                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 217 445                                                                             | Extension for reply within third month                                     |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        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  |         |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| 118 1,390                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 218 695                                                                             | Extension for reply within fourth month                                    |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        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  |         |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| 128 1,890                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 228 945                                                                             | Extension for reply within fifth month                                     |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        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  |         |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| 119 310                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 219 155                                                                             | Notice of Appeal                                                           |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        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| 120 310                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 220 155                                                                             | Filing a brief in support of an appeal                                     |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        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  |         |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| 121 270                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 221 135                                                                             | Request for oral hearing                                                   |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        |  |           |         |                                         |  |           |         |                                        |  |         |         |                  |  |         |         |                                        |  |         |         |                          |  |           |           |                                               |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |                                     |  |         |         |                                           |  |        |        |                                                                            |  |         |         |                                                               |  |         |         |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| 138 1,510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 138 1,510                                                                           | Petition to institute a public use proceeding                              |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        |  |           |         |                                         |  |           |         |                                        |  |         |         |                  |  |         |         |                                        |  |         |         |                          |  |           |           |                                               |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |                                     |  |         |         |                                           |  |        |        |                                                                            |  |         |         |                                                               |  |         |         |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| 140 110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 240 55                                                                              | Petition to revive - unavoidable                                           |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        |  |           |         |                                         |  |           |         |                                        |  |         |         |                  |  |         |         |                                        |  |         |         |                          |  |           |           |                                               |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |                                     |  |         |         |                                           |  |        |        |                                                                            |  |         |         |                                                               |  |         |         |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| 141 1,240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 241 620                                                                             | Petition to revive - unintentional                                         |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        |  |           |         |                                         |  |           |         |                                        |  |         |         |                  |  |         |         |                                        |  |         |         |                          |  |           |           |                                               |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |                                     |  |         |         |                                           |  |        |        |                                                                            |  |         |         |                                                               |  |         |         |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| 142 1,240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 242 620                                                                             | Utility issue fee (or reissue)                                             |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        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| 143 440                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| 144 600                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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  |         |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| 122 130                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 122 130                                                                             | Petitions to the Commissioner                                              |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        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  |         |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| 123 50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 123 50                                                                              | Processing fee under 37 CFR 1.17(q)                                        |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        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  |         |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| 126 180                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 126 180                                                                             | Submission of Information Disclosure Stmt                                  |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        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| 581 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 581 40                                                                              | Recording each patent assignment per property (times number of properties) |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        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  |         |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| 146 710                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 246 355                                                                             | Filing a submission after final rejection (37 CFR § 1.129(a))              |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        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  |         |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| 149 710                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 249 355                                                                             | For each additional invention to be examined (37 CFR § 1.129(b))           |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        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  |         |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| 179 710                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 279 355                                                                             | Request for Continued Examination (RCE)                                    |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        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  |         |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| 169 900                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 169 900                                                                             | Request for expedited examination of a design application                  |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        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  |         |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| Other fee (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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  |         |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| <b>SUBTOTAL (3)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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  |         |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| <b>SUBMITTED BY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     | <b>Complete (if applicable)</b>                                            |                            |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        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  |         |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| Name (Print/Type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | William J. Kolegraff                                                                | Registration No. (Attorney/Agent)                                          | 41,125                     |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        |  |           |         |                                         |  |           |         |                                        |  |         |         |                  |  |         |         |                                        |  |         |         |                          |  |           |           |                                               |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |                                     |  |         |         |                                           |  |        |        |                                                                            |  |         |         |                                                               |  |         |         |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Telephone                                                                  | 619 / 401 - 8008           |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        |  |           |         |                                         |  |           |         |                                        |  |         |         |                  |  |         |         |                                        |  |         |         |                          |  |           |           |                                               |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |                                     |  |         |         |                                           |  |        |        |                                                                            |  |         |         |                                                               |  |         |         |                                                                  |  |         |         |                                         |  |         |         |                                                           |  |                           |  |  |  |                     |  |  |                |
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                                                                                       |                                                                                     | Date                                                                       | July 13, 2001              |                 |          |         |           |                                     |        |         |           |                                                        |   |                    |         |                                       |   |           |           |                                                    |  |          |          |                                                            |  |                     |            |                                                     |                     |         |        |                                        |  |         |         |                                         |  |         |         |                                        |  |           |         |                                         |  |           |         |                                        |  |         |         |                  |  |         |         |                                        |  |         |         |                          |  |           |           |                                               |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |                                     |  |         |         |                                           |  |        |        |                                                                            |  |         |         |                                                               |  |       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